



PATENT

I hereby certify that on the date specified below, this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

May 28, 2004
Date

Ayesha J. Shaikh

Ayesha J. Shaikh

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/824,238

Confirmation No. : Not Yet Assigned

Applicant : Jigish D. Trivedi

Filed : April 13, 2004

Attorney Docket No.: 501188.04 (30174/US/3)

Art Unit : Not Yet Assigned

Customer No. : 27,076

Examiner : Not Yet Assigned

Title : EDGE INTENSIVE ANTIFUSE AND METHOD FOR MAKING THE SAME

SUPPLEMENTAL PRELIMINARY AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 8 of this paper.

JUN 01 2004
U.S. PATENT & TRADEMARK OFFICE

**FEETRANSMISSION SHEET
(FOR FY 2004)**

IFW/

Complete if Known

Application No.	10/824,238
Filing Date	April 13, 2004
First Named Inventor	Jigish D. Trivedi
Group Art Unit	Not Yet Assigned
Examiner	Not Yet Assigned
Atty. Docket Number	501188.04 (30174/US/3)

METHOD OF PAYMENT (Check One)

1. The Commissioner is hereby authorized to charge any additional fee required under 37 C.F.R. §§ 1.16 and 1.17 and 1.136(a)(3) and credit any over payments to Deposit Account No.: 50-1266; Deposit Account Name: DORSEY & WHITNEY LLP

2. Check Enclosed

FEES CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	
1001	770	2001	385	<input type="checkbox"/> Utility Filing Fee	
1002	340	2002	170	<input type="checkbox"/> Design Filing Fee	
1003	530	2003	265	<input type="checkbox"/> Plant Filing Fee	
1004	770	2004	385	<input type="checkbox"/> Reissue Filing Fee	
1005	160	2005	80	<input type="checkbox"/> Provisional Filing Fee	
Subtotal (1)				\$ 0	

2. EXTRA CLAIM FEES

Curren*Claims	Prior	Extra	Fee	Fee Paid
Total	27	- 20	= 7	x \$ 18 = \$ 126
Ind.	5	- 3	= 2	x \$ 86 = \$ 172
Multiple Dependent Claims			x \$	= \$
				Subtotal (2) <u>\$ 298</u>

Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent Claim	
1204	86	2204	43	Reissue independent claims over original patent	
1205	18	2205	9	Reissue claims in excess of 20 and over original patent	

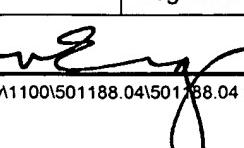
3. ADDITIONAL FEES

Large Entity	Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee paid
1051	130	2051	65	Surcharge - Late filing fee or oath		\$
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet		\$
1053	130	1053	130	Non-English specification		\$
1812	2,520	1812	2,520	For Filing a Request for ex parte Reexamination		\$
1804	920	1804	920	Requesting publication of SIR prior to Examiner action		\$
1805	1,840	1805	1,840	Requesting publication of SIR after Examiner action		\$
1251	110	2251	55	Extension for reply within first month		\$
1252	420	2252	210	Extension for reply within 2 nd month		\$
1253	950	2253	475	Extension for reply within 3 rd month		\$
1254	1,480	2254	740	Extension for reply within 4 th month		\$
1255	2,010	2255	1,005	Extension for reply within 5 th month		\$
1401	330	2401	165	Notice of Appeal		\$
1402	330	2402	165	Filing a brief in support of an appeal		\$
1403	290	2403	145	Request for oral hearing		\$
1814	110	2814	55	Terminal Disclaimer Fee		\$
1452	110	2452	55	Petition to revive – unavoidable		\$
1453	1,330	2453	665	Petition to revive – unintentional		\$
1501	1,330	2501	665	Utility/Reissue issue fee		\$
1502	480	2502	240	Design issue fee		\$
1503	640	2503	320	Plant issue fee		\$
1460	130	1460	130	Petitions to the Commissioner		\$
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)		\$
1806	180	1806	180	Submission of IDS		\$
8021	40	8021	40	Recording each patent assignment per property (times number of properties)		\$
1801	770	2801	385	Request for Continued Examination (RCE)		\$
Other fee (specify)						
Subtotal (3)						\$ 0

Total Amount of Payment: **\$ 298**

Submitted by:

Name: Kimton N. Eng	Reg. No.: 43,605	Telephone: (206) 903-8800
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Signature: 	Date: <u>May 20, 2004</u>
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